

*Effective on 12/08/2004.*

*Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).*

# **FEE TRANSMITTAL**

## **For FY 2009**

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Adriana Figueroa	
	Art Unit	3633	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 540.00	Attorney Docket	1469 - 053129

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account      Deposit Account Number: **23-0650**      Deposit Account Name:

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  
under 37 CFR 1.16 and 1.17       Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

## **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	330	82	540	270	220	110	1100
Design	220	110	100	50	140	70	440
Plant	220	110	330	165	170	85	465
Reissue	330	165	540	270	650	325	1540
Provisional	220	110	0	0	0	0	0

## 2. EXCESS CLAIM FEES

### **Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

#### Multiple dependent claims

**Total Claims**    20 or HP    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

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**Multiple Dependent Claims**

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**Fee (\$)**    **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 3 or HP = Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for if greater than 3.

HP = highest number of independent claims paid for, if greater than 3.

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid
- 100 =	/ 50 =	(round up to a whole number) x	=	

**OTHER FEE(S)** \_\_\_\_\_ **Fees Paid (\$)** \_\_\_\_\_

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal

540

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	23024	Telephone	412-471-8815
Name (Print/Type)	David C. Hanson		Date	January 21, 2009	